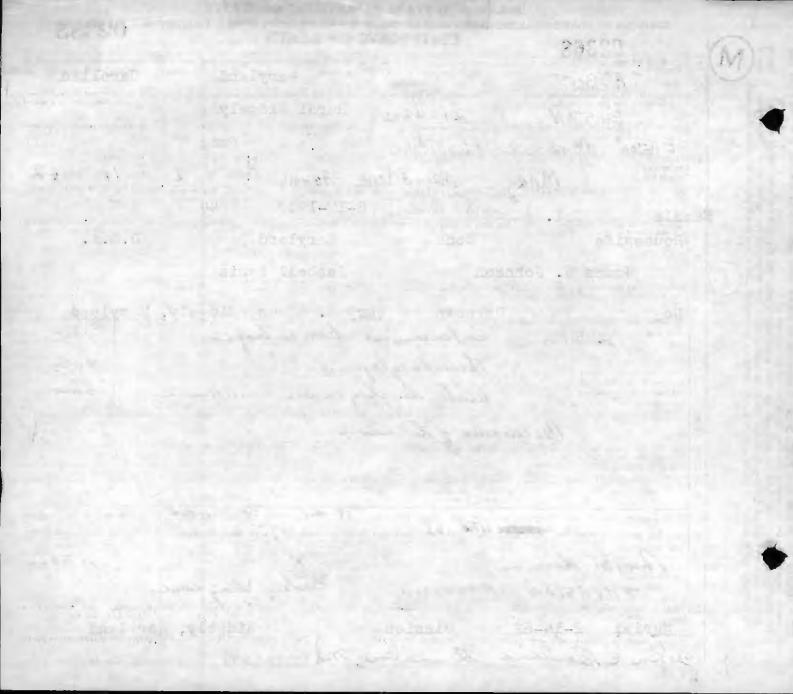
301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH 1. PLACE OF DEAT USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) a. COUNTY nd 2 and 2 seath. Caroline MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town) b. CITY OR TOWN (if putside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rural Ridgely d. STREET ADDRESS e. 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddres, ON A FARM? None YES NO A completely 3. NAME OF 4. DATE Month DECKARED DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. pue last birthday) WIDOWED 4 DIVORCED TO USUAL OCCUPATION (Give kind of work physician 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired)
Housewife U.S.A. None Maryland please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 affending Isabell Lewis James 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) ! (If yes give war or dates of service Unknown
per line for (e), (b), and (c).) Ridgely, Mary hand BETWEEN Mary E. Adams 18. CAUSE OF DEATH |Enter only one cause per line for (e) signed by ONSET AND DEATH were an leage PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO baceto Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT WELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16-11 19. WAS AUTOPSY CERTIFICATION PERFORMEDI EL CUI ama NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) (County) (Stele) 20c. TIME OF INJURY Month, Dev. Yeer fectory, street, office bldg., etc.) Not While While Hour a.m. RECTOR: at work et work 21. I certify that (I) (this hospital) attended the deceased from 18 Hill 1962 that (I) (we) last saw the deceased alive on 1716 19 62, and that death occurred at 27 m, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 12 16662 Reus Du FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS Kung Laux filed v 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) OI Burial Mission Ridgely Maryland ADDRESS 258. REC'D BY REGISTRAR YR A15 (4)



FOR STATE HEALTH DEPT. essary, rhalth, files. TO DEPUTY MS SAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute it stifficate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the State Board or its designated agent, prior to burial, cremetion, or removal, and in any event within 72 hours efter death.

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (12369 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1. PLACE OF DEATH a. COUNTY	a. STATE // b. COUNTY -/ b. COUNTY
[H OO] MARYLAND	M/d. (H/b0)
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write BURAL end/give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
EASTON 13 YRS.	29 LAS for
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS
	225 PORT ON A FARM?
3. NAME OF DECEASED AND Jandele	Last 4. DATE Month Day Year
(Type or print)	llen DEATH teh 3 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED P	DATE OF BIRTH P. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
TEMALE NEGRO WIDOWED DIVORCED	Oct. 16, 1901 (b) yrs. Months Deys Hours Min.
dona during most of working life year if refired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
LABOREX	Vikginia Viditi
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John H. Miller	UMMOWN
15. WAS DECEASED EYER IN U.S. ARMED FORCES 16. SOCIAL SECURITY NO. (Yes, Joy Onkown) (If yes give war or datas of service)	INFORMANT Address
110	orthe Reddick Carton Ind.
18. CAUSE OF DEATH [Enlar only one cause par line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Clapfuj XIRTION	1 Thake
DUE TO	,
Conditions, if any, which (b)	
gave risa to Immadiate cause DUE TO	
cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED?
 	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 208. EXTERNAL GAUSE WAS PRIMARY OF CONTRIBUTING COURSE HOW INJURY OCCURED. (I) CAUSE OF DEATH.	Enlar natura of injury in Part I or Part II of Ham 18.)
	ned
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLA	
Hour Land 2-3 196) White Not White St work of work	home Trs Portst Epstratel his
21. I certify that I took charge of the remains described above, he	ald an Autopsy . Inspection . Inquiry . and in my opinion
death resulted from: Natural causes , Accident . Suice	ide , Homicide , Undetermined menner
1 . N. L	CHIEF MEDICAL EXAMINER
SIGNATURE DELLES JOVELLY	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
4 161	DEPUTY MEDICAL EXAMINER 💢
EXAMINER'S NAME (Type)	Addrass (Streat, city, town, or county)
228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, lown, or country) (State)
Burnal 2-8-62 Calvery	Cem, norfolk, md.
23. FINERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
tames to lookel baston, v	h d DATE O 169 Clathan & Thank

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VR A1S (4) 15M. 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

02370 CERTIFICATE OF DEATH 02357

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission)
a. COUNTY	. STATE MAS 6. COUNTY -
b. CITY OR TOWN Iff outside corporate limits.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give peerest fown)	E. CIT ON TOWN IS BUSINESS CONDUCTION TO A CONTROL OF THE STATE OF THE
EASTON 24 hrs.	29 Gastow
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS . O. IS RESIDENCE ON A FARM?
MEMORIAL HOSPITAL	404 Winton Que YES NO []
3. NAME OF First Middle	Last 4, DATE Month Day Year
(Type or print) Hobert Cliver	hANCE DEATH 2 15 1962
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Just birthdey Months Devs Hours Min.
Male white WIDOWED DIVORCED []	kc. 29, 1927 34 m.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13: FATHER'S NAME POUTLY FACTORY	14. MOTHER'S MAIREN NAME
LESLIE R Chance	Mildred F Soulsby
	INFORMANT Address
(Yes, no, or unkown) (Ifyesgive wer or detes of service)	Mr. Alaman Change Forten Mad.
18. CAUSE OF DEATH [Enter only one cause per lige for Ae), (b), and (c).	11112. 100 UCA CHIGHTE MAS (DAY) AND
PART I. DEATH WAS CAUSED BY, Male Tollie	ONSET AND DEATH
IMMEDIATE CAUSE (e)	Soleno Carcinomo of
130X DUE TO- 1	1 / 1 +-
Conditions, if any, which) 60 1000 5 10 1765	Ellred due 10
geve rise to immediate cause (a), stating the underlying	
cause last.	na ot esophagus
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY
OI WILLIAM TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TOT	PERFORMED?
200. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour s.m., While Not While fect y.m. 19 el work et work	ory, street, other mag., etc.,
21. I certify that (I) (Us hospital) attended the deceased from.	, 19, to, 19, that (I) (we) last
saw the deceased aliverself. [70] Of the and that	death occured at 3.4.M, from the causes and on the date stated above.
220. SIGNATURE	
Clothe hand	D. ATTENDING MED. STAFF STAFF STAFF
22c. PHYSICIAN'S NAME (Type) F 1 + C + L T	22d. ADDITESS TOL ALL ALL
15. C. 17 Jennan	1-2410/1/10074/01X4.
236. BURIAL, CREMATION. 236. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Sete)
Burial Feb. 17,1962 2 prinohil	Cemetery Gastow, Maryland
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Maurice E. Neumann a Jon tras tox	DATE FEB 2 0 '62
Warner M. 12 report 19010 Ages	THE DATE PER 2 U 02 1 Cartury & France

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02358

1	PLACE OF DEATH	2. USUAL RESIDENCE (Where decaesed lived, if institution, Resid	dence before admission)
	Talbot MARYLAND	*. STATE Maryland b. COUNTY Tal	bot
	b. CITY OR TOWN (If outside corporefe limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	va naerast fown)
	rural Easton 6 years	rural Easton	
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS	. IS RESIDENCE
	R.F.D. #4	R.F.D. #4	ON A FARM?
3.	NAME OF First Middle DECEASED	Lest 4. DATE Month D	ey Yaar
	(Type or print) GERTRUDE DIXON DORSEY	DEATH Feb. 6,	19 62
5.	SEX 6. COLOR OR RACE 7. MARRIED THEY MARRIED THE	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEA	AR IF UNDER 24 HRS.
	female white widowed To DIVORCED T	reb. 27, 1902 lest birthday) Months Day	s Hours Min.
10	. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN	OF WHAT COUNTRY
de	na during most of working life, even if retired) housewife	Maryland	U. S.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0. 0.
10.			
	Isaac H. Dixon	Elizabeth White	
15. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. no, or unknown) (Ifyasgivewarordatasofsarvice)	NFORMANT Address	
		. John S. Green, 111 Easton, Man	ryland
-	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	/	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	tu Phonyrex	ONSET AND DEMTH
	IMMEDIATE CAUSE (6) LIVE CUE RELEASE (7)	an I wasted set	101-0.
	7 6 DUE TO		
	Conditions, if any, which (b)		
	gave rise to immadiate causa DUE TO		
	cause lest.		
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 16	19. WAS AUTOPSY
1			PERFORMED?
2		4	YES NO
CERTIFICATION	2Ds. ACCIDENT WAS UNDERLYING 2Ds. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING AUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Part I or Part II of item 18.)	
		CE OF INJURY (Homa, farm, 2Df. (City or, town) (County)	
CAL			(State)
(EDICAL	House alm,	ory, strast, offica bldg., atc.)	(State)
MEDICAL	p.m. 19 at work at work	ory, straal, offica bldg., atc.)	
MEDICAL	p.m. 19 at work at work 21. i certify that (I) (this hospital) attended the deceased from.	aug 1961, to 6 File 1962	, that (I) (we) las
MEDICAL	p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from.	ory, straal, offica bldg., atc.)	t, that (I) (we) last
MEDICAL	p.m. 19 at work at work 21. i certify that (I) (this hospital) attended the deceased from.	accurred at 64 M, from the causes and on the	that (I) (we) las date stated above
MEDICAL	21. i certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19.62, and that 22e. SIGNATURE	aug 1961, to 6 File 1962	t, that (I) (we) last
MEDICAL	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	death occured at 60 M, from the causes and on the	that (I) (we) last date stated above
MEDICAL	21. i certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19.62, and that 22e. SIGNATURE	death occured at 60 M, from the causes and on the PHYS. ATTENDING MED. STAFF PHYS.	that (I) (we) last date stated above
	21. i certify that (I) (this hospital) attended the deceased from saw the deceased alive on 5 40 19 62, and that 22a. SIGNATURE Manual Harrison Manual	death occured at 60 M, from the causes and on the ATTENDING MED. DIRECTOR STAFF PHYS. 22d. ADDRESS Easton, Maryland	that (I) (we) las date stated above
	21. i certify that (I) (this hospital) attended the deceased from saw the deceased alive on 5 40 19 62, and that 22a. SIGNATURE Manual Harrison Manual	death occured at	date stated above 22b. DATE SIGNED (Stete)
234	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19.62, and that 22e. SIGNATURE Comparison	death occured at GR. M, from the causes and on the ATTENDING MED. PHYS. 22d. ADDRESS Easton, Maryland OR CREMATORY 23d. LOCATION (City, town or county) Baltimore, Maryland 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	date stated above 22b. DATE CILL (Stete)

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after a death. Page 4 mg. setained by the hospital or attending physician.

S TO FUNERAL DIA TOR: After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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		RAKILAND 3	TATE DEP	AKIMENI OF	REALIN	
DIVISION OF	STATISTICAL	RESEARCH AND	RECORDS, 3	101 W. PRESTON	STREET, BALTIMORE	I, MARYLANI
1	2372	CER1	TIFICATE	OF DEATH		0225

- 1							
	1. PLACE OF DEATH . COUNTY	e. STATE B. COUNTY B. COUNTY					
4	b. CITYOR TOWN (it guiside corporale limits, c. LENGTH OF STAY IN 1b	COTY OR TOWN (If outside corporate limits, write RURAL and give neerest lown)					
	write RUEAL and give neerest town)	and the					
1	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS!					
	d. NAME OF HOSPITAL ON INSTITUTION (IT NOT IN HOSPITAL, GIVES STEEL BUILDS)	110 Wester St. ON A FARM?					
	3. NAME OF Addle All	Lest a 14. DATE Month Dey Year					
	(Type of print) William / Fle	Lenstein DEATH Feb 14 1962					
	Male 6. COLOR OBJECCE 7. MARRIED NEVER MARRIED F	Teb 8 1872 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.					
	100. USUAL OCCUPATION (Give king) of work 100 KIND OF BUSINESS OR INDUSTRI done during most of worked life, when it resided)	11. BIXTHPLACE (COMY & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
	13. FATHER'S NAME J. Fleckenstlein	adeline Kauffman					
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, ng. or unkown) (Ifyasgivewerordatasofsarvice)	es Oliver Mallery Easton Md.					
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c).]	INTERVAL BETWEEN					
	PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH					
	1/5/1/	secono of acres of acres					
	TO / X DUE TO	antha					
	Conditions, If any, which (b)						
	(a), stating the underlying DUE TO						
5	Cause lest. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY					
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF THE CONTRIBU	PERFORMEDY					
	₹ 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED	20e. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert I or Pert II of Item 18.)					
	OR CONTRIBUTING CI CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	2. Lines seattle of infairy sin real 1 of years to see 100.					
		ACE OF INJURY (Home, ferm, 20f. [City or town) (County) (State) tory, streat, office bldg., etc.)					
1	21. I certify that (I) (this hospital) attended the deceased from.	2-12 , 1962, to 2-14 , 1962, that (1) (we) last					
		t death occured at. A.M., from the causes and on the date stated above.					
	22a SIGNATURE	22b. DATE					
	Robert W. Traver	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 2-16-62					
/	22c, PHYSICIAN'S NAME (Type)	22d. ADDRESS					
	230. BORIAL, CREMATION, 221 DATE THEREOF 23c. NAME OF CEMETERY	OR CRIMATORY 23d. LOCATION (City, lows or county) (Sille)					
	Bireal Let 16/962 Spring H	ill Com. Easton Md.					
	Hume Efferman Film	DATE FEB 2 0 '62 Onthung & Hama					
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CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission 1. PLACE OF DEATH e. COUNTY c CITY OR TOWN (I outside corporate I mits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate fimils, LENGTH OF STAY IN 16 write RURAL and give nearest town) QUEENSTOWN d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress d STREET ADDRESS . IS RESIDENCE ON A FARM? YES TO T 4. DATE Month OF (Type or print) DEATH and cor AGE (In years | IF UNDER 1 YEAR ' IF UNDER 24 HRS. last birthday) Months WIDOWED T DIVORCED T YTS. LABORER 13. FATHER'S NAME 15. WAS DECEASED EYER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 17. INFORMA Address (Yes, no, or unknown) (If yes give wer or detes of service) 18. CAUSE OF DEATH [finter on y one cause per line for (e), (b) and (c. ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) cave rise to immediate cause DUE TO (a), stating the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(*) 19 WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year , 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Not While While et work et work 21. I certify that (I) (this hospital) attended the deceased from 4.7.26... saw the deceased alive on.... 2-27 22e. S.GNATURE ATTENDING DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Easton, Md. 23a BUR, AL, CREMATION 123b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 256. REGISTRAR 255. REGISTRAR'S SIGNATURE



301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND ALBOI E. CITY OR YOWN (If outside corporate limits, write RURAL and give necrest town) b. CITY OR TOWN (if outside corporate limits, E LENGTH OF STAY IN 16 write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION IN not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO DATE 3. NAME OF Month Middla DEATH 196 (Type or print) 9. AGE IN YOUR I IF UNDER I YEAR , IF UNDER 24 HRS. 8. DATE OF BIRTH 5. SEX 7. MARRIED NEVER MARRIED last birthday) | Months MIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? JSUAL OCCUPATION (Give kind of work IDb. KIND OF BUSINESS OR INDUSTRY & Stata, or foreign country) done during most of working life, even if ratired) 13 FATHER S NAME 15. WAS DECEASED EVER NUS ARMED FORCES? HTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise lo immedieta causa DUE TO (e), stating the underlying PART I. OTHER S.GN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIAIL 19. WAS AUTOPSY CERTIFICATION RERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Item 18.) 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED I 20s. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., etc.) Not While While Hour s.m. at work at work attended the deceased from 19, 19, 19, 19, 19, 19 21. I certify that (I) (this tospital) and that deeth occured at 8.33M from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE ATTENDING D RECTOR PHYS. PHYS. M D 22d. ADDRES 22c. PHYSICIAN'S NAME (Type 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION 236, DATE THEREOF REMOVAL (Specify) FOERALSOVEG REC'D BY REGISTRAR | 25b. REG STRAR'S SIGNATURE 24 FUNERAL DIRECTORS SIGNATURE **ADDRESS**

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Filled Pages

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death. Page 4
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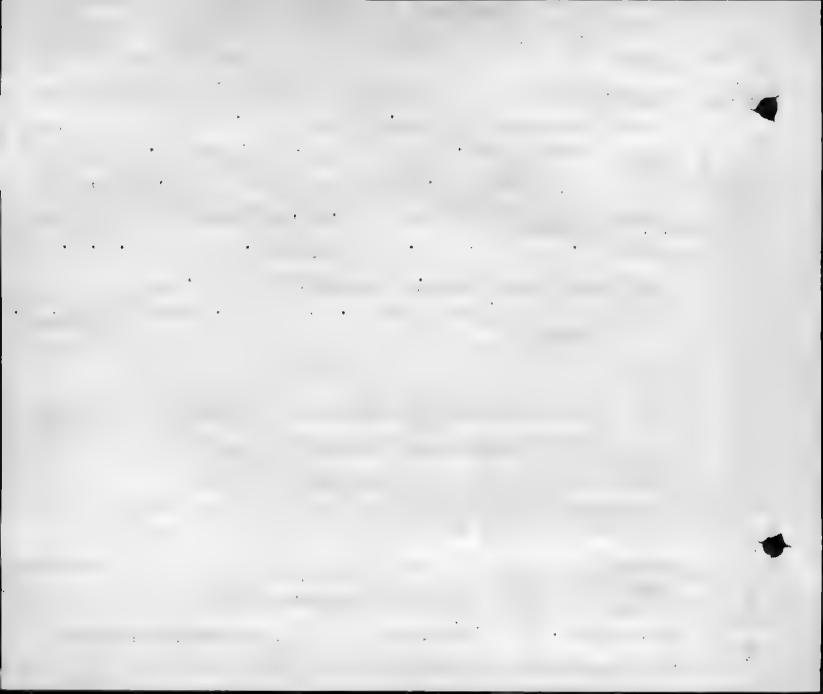
HEALTH DEPT. Page files. DEPULY MY AND SELECTION OF SELECTIFICATE STATES AND SELECTION OF SECURE AND SELECTION OF SELECTI please execute the should be forward TO FUNERAL DIE or its designated a

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VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02362 02375 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH [2. USUAL RESIDENCE (Where decessed lived, if Institution: Residence before admission) e. COUNTY

	Talbot	MARYLAND	Mary!	land. B. COUNTY Ta	lbot
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16		c. CITY OR TOWN (if outside corporata timits, write RURAL end give neeres lown)			
write RURAL and give neerest town) Easton, 9 yrs.		Easton.			
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		. d. STREET ADDRESS	0.11	IS RESIDENCE
	102 Prospect Stree		1	Drannant Ct	ON A FARM?
3.	NAME OF FIRST	Middle		Prospect St.	YES NO P
	DECEASED			OF	Day Year
-	(Type or print) Estelle	B. Hickm		pearm Feb.	25 , 1962
5.	SEX 6. COLOR OR RACE 7, MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years FUNDER	
	Female White WIDOWE	DIVORCED [Nov. 24. 188	87 7L, yrs. Months	Deys Hours Min.
10:	. USUAL OCCUPATION (Give kind of work 10b. Kil	ND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fo	oreign country) 12. C	ITIZEN OF WHAT COUNTRY?
00		wn home.	Maryland	3 - 11	. S. A.
13.	FATHER'S NAME	1111 1101110 8	14. MOTHER'S MAIDEN NA		• D • A •
	Harrier William Day				
45		Shears . Social security No. 17, X	Laura May		
	الله الله الله الله الله الله الله الله	ALAD VION	MPORMANT	Address S	ame as above
	No	hane M	rs. Fleetwoo	od E. Carlson	Easton, Md.
	18. CAUSE OF DEATH (Enter only one cause per la	ne for (e), (b), end (c).]	1 -	7 .	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)	mereloses	Carle year	2011/2020	ONSET AND DEATH
	C) DUE TO	X		-	
	Conditions, if any, which (b)	G			
	gave rise to immediate cause		-	- **	
	(e), steting the underlying DUE TO				
_	PART II. OTHER SIGNIFICANT CONDITIONS CON-	TRIMITING TO DEATH BUT NO	T DEL ATED TO THE PERMINAL	DISTASE COMPUTION OF THE INC.	
OT O	IPI - + A	TABOTA TO DEATA BOT NO	KELATED TO THE TERMINAL	LI	PERFORMED?
Š	(Christim/Citalis		have grand as a	Theme)	YES NO
CERTIFICATION	20s. EXTERNAL CAUSE WAS 20b. DESCRIP	BE HOW INJURY OCCURED. (E	nter nature of injury in Pert I or	Part II of item 18,)	
	CAUSE OF DEATH.				
MEDICAL				20f. (City or town) (Co	unity] (Siste)
AEDI	Hour s.m. While	Not While facto	ory, street, office bidg., etc.)		
~	print and the second se		Id on Autonou D. Jan		. 12
	21. I certify that I took charge of the remainder	_			and in my opinion
	death resulted from: Natural causes	Accident, Suici		Undetermined manner [_!
	I MOSE		CHIEF MEDICAL EXAM	MINER _	
	SIGNATURE A SIND // NEW	1	M.D. ASSISTANT MEDICAL	EXAMINER [DATE SIGNED
	EXAMINER'S	, TI	DEPUTY MEDICAL EX	AMINER 🙀	71-17
	NAME (Type)		Address (Street, city,		1-10-61
22a	BUBIAL CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d	I. LOCATION (City, town, or country	(Siate) 7 (Siate)
<	8 Eab 26 62	1 deliver horas for	a medy,	1 Mounton 1	Elevere_
23.	FUNERAL DIRECTOR	ADDRESS	24s. REC'D B		
	MONET OF	10 1/22	Med TEB	23'62 . (What.	& I Charles
_/		Carre sail 11		1	



HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PMS. Page 5 may be relatined for your files.

TO FUNERAL DIREC. A: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board callth, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours offer death.

4 should be form
TO FUNERAL DIRECT VS. A15ME 5M 2/58

02378 MEDICAL EXAMINEDIS CERTIFICATION 18

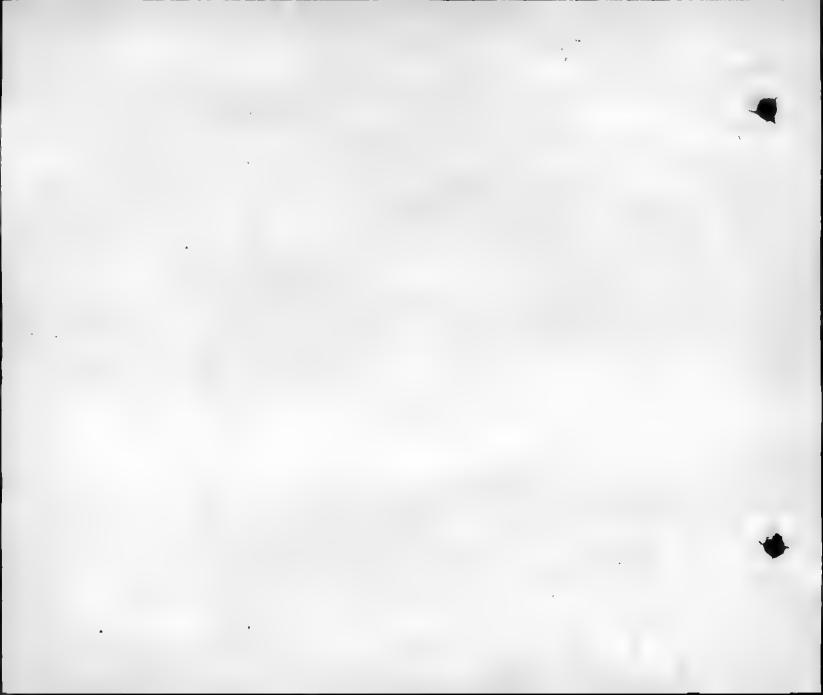
Reg. Dist. No. 363

1.	PLACE OF DEATH	lbot		MARYLAND	o. STATE Mary	Vhere deceased lived. If institution: Land b COUNTY Ta	
-	b. CITY OR TOWN III		B. ()	c. LENGTH OF STAY IN 16			and the same of th
	rural Long		KÜKAL	C. LENGTH OF STAT IN ID	1.9 Easton	i outside corporole limits, write RURA N	r oug fline usotest town)
	d. NAME OF HOSPITA	L OR INSTITUTION (finat in has	spital, give street address)	d STREET ADDRESS		e IS RESIDEN E
	sandpit	on Wye Hei	ghts	Plantation	/ 11 Juda	s St.	YES NO
3.	NAME OF DECEASED (Type or print)	Fir:	STON	MELVIN JOHNS	Lost	A DATE Month OF DEATH Feb.	22, 19 62
5.	SEX	_		ED NEVER MARRIED			NDER TYEAR IE UNDER 24 HES
	male	white	WIDOWE		Feb. 13, 190	last birthday) Mon	
10	o. USUAL OCCUPATIO	N (Give kind of work)	done 10b. I	KIND OF BUSINESS OR INDUST	IRY 11 BIRTHPLACE (Stote	or foreign country) 12	CITIZEN OF WHAT COUNTRY?
S	ervice stat	cion operat	or		Maryland		U. S.
13	3. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME	
	Samuel	Johnson			Susie	M. Moore	
	S. WAS DECEASED EVE	R IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO. 17. 1	NFORMANT	Address	
	No	(1.)oc 8.10 no. 0. 00.01 c.	2	17-10-8046 M	irs. Jelen Jo	hnson Easton,	Maryland
	18. CAUSE OF DEAT	H Enter only one cou					NTERVAL BETWEEN
		H WAS CAUSED BY:	gu	m shot wound-h	ead, self in	flicted	sudden
	1776	DUE TO					
	Conditions, if or			22	rifle		
	gove rise to immed	tole couse					
	(o), stoting the u	nderlying (c)					
12	PART II, OTH			ONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERM	NALDISEASE CONDIT ON GIVEN IN	PART 1(a) 19. WAS AUTOPSY
AL V	{						YES NO
CENTREM ATION	20g. EXTERNAL CAU FRIMARY Dor CON CAUSE OF DEATH.	SE WAS TRIBUTING [20		E HOW INJURY OCCURRED (I	inter nature at injury in Par	t I or Pari II of item 18)	
- 1		Y Month, Doy, Yes		INTERIOR OCCUPATED TO THE	CE OF INJURY (Home, form	n. 120f. (City or fown)	(County) (Slote)
VECHCAL	1:45 B.M.		_ Lwhite	e Not while fact	ory, street, office bldg., etc. nd Dit)	s, Talbot, Maryla
		21. I certify that I took charge of the remains described above, held on Autapsy . Inspection . Inquiry . and in my					
	apinian deoth	resulted from:	Votural (couses . Accident	, Suicide 📆,	Homicide . Undetermin	ed monner
	ACTUAL SIGNATURE	Tues tru	Han	Like	M.D. CHIEF MEDICAL EX	XAMINER []	DATE SIGNED
					ASSISTANT MEDIC	AL EXAMINER	
	NAME (Type) DI	r. Thurston	Harr	rison	DEPUTY MEDICAL	EXAMINER [
2	20. BURIAL CREMATIO REMOVAL (Specify)	N. 226 DATE THEREC)F	22c NAME OF CEMETERY OF	CREMATORY	27d LOCATION (City, town, or cou	only) (Stote)
	Burial	Feb. 24, 1	962	Woodlawn Men	orial Park	rural Easto	n, Maryland
2	3. FUNERAL DIRECTOR	3.5	6	ADDRESS		D BY REGISTRAR 246 REGISTRAR	'S SIGNATURE
	maurice l	S. Newnam 8	Son	Easton, Mo	DATER	26 164 Jun Sur S	? Thomas



W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased hyad, if institution Residence before admission) PLACE OF DEATH b. COUNTY Talbot e. COUNTY arvland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside apropriate limits, write RURAL and give nearest town) write RURAL and give nearest town) Claiborne on days d. STREET ADDRESS a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) ON A FARM? YES NO TH vland completely 3. NAME OF DATE Manneh Day Year Middle DECEASED OF DEATH (Typa or print) 19 60 S. SEY AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. carbon 9. pue last birthday) Months Male White WIDOWED [DIVORCED IX. April physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fora on country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Minister, Washington. USA ret. rethodist 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nding Josephine Potter Charles Kelser ě 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 17. INFORMANT Address alle (Yes, no, or unkown) | [lifyesgivawer or dates of service] yes 11188 Claiborne. Nettie INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c).) þ PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gave risa to immadiata causa DUE TO (e), stating the underlying the THE TERMINAL DISEASE CONDITION GIVEN IN PART Hall 19. WAS AUTOPSY FICATION PERFORMED? S) 0 NO S 200. ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part i or Part II of itam IB.) OR CONTRIBUTING CAUSE OF DEATH After this 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 20f. IC ty or lown) (County) (Stata) 20c TIME OF INJURY Month, Day, Year factory, street, office bldg., atc.) Not Whila While Hour e.m. CCTOR: at work at work p.m. 21. | certify that (I) (this hospital) attended the deceased from... saw the deceased alive on .? 22b. DATE ATTENDING MED. DIRECTOR PHYS. PHYS. death. Page 4 J director, page 3 be filed with the M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Typa) Michaels. Maryland Guy Reeser.Jr. 23a. BURIAL, CREMATION | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Cemeterv Raston 24 FUNERAL DIRECTOR'S SIGNATURES 25a. REC'D BY REG STRAR 25b. REGISTRAR S SIGNATURE ADDRESS VR A15 (4) 15M 7 61 Easton. Md. 1 3 Enriched S. House DATE FEE Frampton Carro

within



XX		02378	CERTIFICAT	E OF DEATH	02365
	L.	PLACE OF DEATH	ltem-7-film-G50	2. USUAL RESIDENCE Where de	ceased lived, it Institutions Residence before admission)
		LCOUNTY TALBOT	MARYLAND	a, STATE M	b. COUNTY TO 16 9
* P.A		o. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orate limits, write RURAL and give nearest town)
, in the second		write RURAL and give nearest town)	3/2 hrs.	Tonne	
age of a second		NAME OF HOSPITAL OR INSTITUTION (IT IN		d STREET ADDRESS	IS RESIDENCE ON A FARM?
O		EASTON Memor	rial Nospital		YES NO D
lete per 72 }	3.	NAME OF First	Middle	Last 4 DATE	Month Day Yeer
EZ-Ew		(Type or print) C A	MARSHAI	LEONARD DEATH	FOBRUARY \$/ 1962
で 夏季1	5.	SEX 6. COLOR OR TACE 7.	MARRIED NEVER MARRIED B.	DATE OF BIRTH	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
E 3			DIVORCED	0-25-82	yrs. Months Days Hours Mil.
nove eve	10a do	USUAL OCCUPATION (Give kind of work to defring most of weeking life, even if refired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or	foreign country) 12. CITIZEN OF WHAT COUNTRY?
shys eny		AN LE	h differente	Maryland	0.3.
ng p sase in I	13.	FATHER'S NAME	1 1)	14. MOTHER'S MAIDEN NAME	21 1
וסת ה	15	JAMOEL D. MIG	enshall	KKlova Y. V	ladez _
They		WAS DECEASED EVER IN U.S. ARMED FORCES i, no, or unkown) (Hypsig vewerordatesofservi	(0)	FORMANT	Address Tongen
em it the	-	NO	Now (c) IN	Morman read	CLOS LIGIDAS INTERVAL BITWEEN
or I		PART I, DEATH WAS CAUSED BY.	Domary QC	clissin T	ONSTRANCHEATH
phy gnec isit I ion,		IMMEDIATE CAUSE (a)	murensdi	at Industria	Jeven)
in Sign		Conditions, if any, which (b)	Blue Henry	of Henry De	inase 10 WALL
riat cre		gave rise to immediate cause	Topport or and	1 /1 000/1 /00	, , , ,
r att		(e), stating the underlying cause last.			
al site of the contraction of th	NOT	PART .I. OTHER SIGN.FICANT CONDIT.O	NS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY PERFORMED?
se a ro	ĮŠ.				YES NO
S CO	RTIFIC	20a ACCIDENT WAS UNDERLYING 20 OR CONTRIBUTING CAUSE OF DEATH	DE DESCRIBE HOW INJURY OCCURED	(Enter nature of injury in Pert I or Pert II	of item 18.)
<u> </u>	1 CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)	when		
A ST	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour s.m.		E OF INJURY (Home, farm, 20f. (Cit) ry, street, office bldg., etc.)	or fown) (County) (State)
or de	ME	p.m. 19	at work et work		
2049		21. I certify that (I) (this hospitel)	~ 1	- P	
a tage		saw, the deceased alive on		death occured at ARM, from	the causes and on the date stated above
5 S		22/ SIGNATURE	11111	ATTENDING MED.	STAFF PHYS. \(\tag{SIGNED}
ERAL Page with t		22c. PHYSICIAN'S	uier, ME	22d ADDRESS	7/4/6
d × P		NAME OVILLIAM	L. WINTERS	ZIOE DO	VER KASTEN MIA
FU.	23	BURIAL, CREMATION, 236. DATE THEREO	F 23c. NAME OF CEMETERY O	R CREMATORY 23d. LOC	ATION (City, fown or county) (Stete)
\$ 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	15	DEMOVAL (Specify) Feb. 24.1	762 Jorina Hill	Cemetery Fa:	stow, Ind.
/R A15 (4)	24	SUMERAL DIRECTOR'S SIGNATURE	ADDRESS	250 REC'D BY REGIS	TRAR 256. REGISTRAR'S SIGNATURE
15M 7,61	1	// wrule E. 1/ewwa	ut Am Castin	PAC DATE FEB 2 6 162	2 Chillian S. Henra

AND STATE DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEA CERTIFICATE OF DEATH hours after USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on I. PLACE OF DEATH a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN IN write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO completely NAME OF DATE DECEASED OF (Type or print) DEATH 19 AGE (In yeers | IF UNDER 1 YEAR) IF UNDER 24 HRS. 5 SEX and last birthday] Months Hours WIDOWED physician **Bemove** 10s. USUAL OCCUPATION IGIVE kind of work 10b. KIND OF BUSINESS OR INDUSTRY . 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) LOBORER 13. FATHER'S NAME Then Riess 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ifyesgive wer or dates of service) by the 18. CAUSE OF DEATH [Enter only one cause pag line for [a], (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) burial-transit DUE TO peen Conditions, if any, which (b) gave rise to immediate cause DUE TO (e), stating the underlying the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TIEF, 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18) 20e, ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (5tele) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While Hour e.m. al work et work CIOR: io m _____ to...... 19...... that (I) (we) last and that death occured an arm, from the causes and on the date stated above saw the deceased alive on 22a. SIGNATURE ATTENDING DIRECTOR PHYS. FUNERAL M.D. 22d. ADDIESS 22c. PHYSICIAN'S TO FUNE director, 3 BURIAL, CREMATION, 23c. NAME-OF CEMETERY OR CREMATORY (Steta) 24 FUNERAL DIRECTOR'S SIGNATIL VR AIS (4)

LAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF funeral Ttems 8 & 9 Film (1408 2. USUAL RESIDENCE (Whore deceased lived, if institutions Residence before admission) 1. PLACE OF DEATH a. CQUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) 3. NAME OF Middle DATE DECEASED (Type or print) DEATH AGE III Years HE UNDER 1 YEAR! IF UNDER 24 HRS 7. MARRIED NEVER MARRIED and last birthday) DIVORCED T physician 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foraign country) 12. CITIZEN OF WHAT COUNTRY! done during most of working life, even if retired! LABOYCE please 13. FATHER'S NAME MOTHER'S MAIDEN NAMI affending Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO | 17 INFORMANT (Yas, no, or unkown) | (If yes give war or dates of service) 16. CRUSE OF DEATH [Enter only one cause per line for (a), (b,, and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immadiate causa DUE TO (a), stating the underlying PART II OTHER 5 ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(8) 19 WAS AUTOPSY CERTIFICATI Kninuk 208. ACCIDENT WAS UNDERLYING LI 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18 (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20a PLACE OF INJURY (Home, farm, 20f. (City or town) WEDI While Not While factory, street, office bldg., etc.) Hour a.m. al work at work 17 1963 that (1) (we) last 19.30, lo. 2 saw the deceased alive on 22a, SIGNATURE ATTENDING death. Page 4 DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME [Typa] ector, 23a, BUR, AL, CREMATION, 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 5 8 EDOVAL (Spacify) FUNERAL DIRECTOR'S 250. REC'D BY REGISTRAR (256, REGISTRAR'S SIGNATURE VR A15 '4 15M 7 61

. IS RESIDENCE ON A FARM? YES NOT

19 60 2

Yaar

ONSET AND DEATH

PERFORMED?

(County)

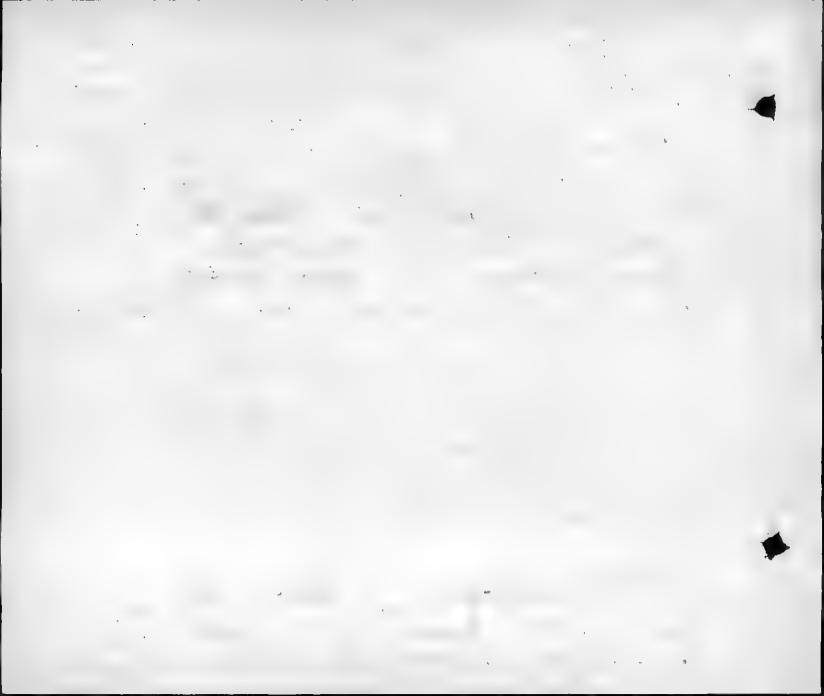
NO

(Stata)

22b. DATE

(State)

SIGNED



AND RECORDS, 301 **BALTIMORE 1. MARYLAND** DICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm ssign) e. COUNTY b. COUNTY MERVIEND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lown) for yo d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS 3. NAME OF 4. DATE Month DECEASED OF DEATH (Typa or post)/ with W 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR B. DATE OF BIRTH 7. MARRIED NEVER MARRIED T last birthday) Months WIDOWED 10a USUAL OCCUPATION (G ve kind of work 106. KIND OFBUSINESS OR INDUSTRY 1 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) 18. Give Pages 1, form PM3. Pag user pages 13 FATHER'S NAME ê AGE TO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 8 (Yes, no, or unknwn) | (If yes give war or detes of service) in pencil In Item 1 along with 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c). PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Office DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), slating the underlying causa fast. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 a CERTIFICATION pleous 20b. DESCRIBE HOW INJURY OCCURED. (Enler neture of injury in Port I or Port II of Item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY T or CONTRIBUTING T CAUSE OF DEATH. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or lown) 20c. TIME OF INJURY Month, Day Year (County) fectory, street, office bldg., etc.) While Not While Hour e.m. et work el work 21. I certify that I took charge of the remains described above, held an Autopsy XI. の同の間 Inspection and in my opinion should be forwarded FUNERAL DIRECT Undetermined manner X death resulted from Natural causes Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE? DEPUTY EXAMINER'S NAME (Type) Address (Street, c'ty, town, or county) 220. BURIAL, CREMATION, 226. LOCATION LGILY, town, or country) 0 40 ADDRES 24e. REC'D BY KEGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME

LAND STATE DEPARTMENT OF HEALTH

IS RESIDENCE ON A FARM? YES TO NO [

Yanı

IF JNDER 24 HRS.

PENFORMED? NO.

(Steta)

DATE SIGNED

(Stella)

5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02382 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) b. COUNTY ONEEN a. COUNTY MARYLAND b CITY OR TOWN (If outside carporote limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 16 RURAL and give nearest town) STAMICHAELS d. NAME OF HOSPITAL (If not in hospital, give street address) e IS RESIDENCE d. STREET ADDRESS RO-VISIA ON A FARM? YES NO 20 NURSING HOME 2 NAME OF 4. DATE Middle Manth Day Year filled in DECEASED OF DEATH (Type or print) 1062 ages 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED | DIVORCED | ۵. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? and 13. FATHER'S NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (6) **DUE TO** Canditions, if ony, which een signed gave rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19 WAS AUTOPSY PERFORMED? YES I NO TO 200 ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port Is of Item 18) 20c TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Year 20d, INJURY OCCURRED (County) (State) factory, street, office bldg , etc.) While Not while of work of work p. m 12 Sthat I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at(2) 2M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED FUNERAL DIRECT ACTUAL prior PHYSICIAN'S NAME (Type) 226. DATE THEREOF CREMATION 22c. NAME OF CEMETERY, OR CREMATORY 22d. LOCAT ON (City, town, or county) (State) OOD 0 DIRECTOR'S SUGNATURE ADDRESS 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) DATER 5 '62 15M 9/5B C. nound & 1 years



VR A15 (4) 1SM 9/59

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02383

1, PLA	CE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)				
0.0	TALbot	100000	O. STATE PARYLAND B. COUNTY TALBOT			
Ь. С	ITY OR TOWN (If outside corporate limits, write URAL and give nearest town)	c LENGTH OF STAY IN 16	c CITY OR TOW	(If outside corporate I	imits, write RURAL and	give nearest town)
K	EAS ION	3 kes. 20 min	21 E	ASTON.		
	NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	address)	d. STREET ADDR	ESS		IS RESIDENCE ON A FARM?
	00	HOSPITAL	107 /RE	DHYON AVE	2	YES NO D
3. NAI		Middle	Lost	4. DATE	Month	Day Year
	e or print) E FF/E	FLYA	NORTH	OF DEATH 7	EbRUGRY	17 1962
S SEX	6. COLOR OR RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9 A	GE (In years FulfiDE birthdoy) Months	R 1 YEAR IF UNDER 24 HRS
	F WIDOW	ED DIVORCED	VULY 16,1		56 yrs.	Doys Hoors Min
10a. US	SUAL OCCUPATION (Give kind of work done 10b ring rights) of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE	(State or foreign country	r) 12.CI	TIZEN OF WHAT COUNTRY?
	HOUSENIFE		ALBO	T 1/D		J.4
13. FAT	HER'S NAME		14. MOTHER'S MAI	DEN NAME	r _	
6	HARLES / JARION /AR	R	//ATTIE	ELVA U	ARDNER	
1S. WA		SOCIAL SECURITY NO. 17. I	NFORMANT	1/	Address	1/1
	10	7/0	CHNCLAR	ENGEIXER	TH EA	STOK, MID
18	CAUSE OF DEATH [Enter only one couse per la	ne for (o), (b), and (c)]	,	,		INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY- IMMEDIATE CAUSE (o)	Cerebral	bunant	age		4 Cons
0,	2 X DUE TO			1		
	onditions, if ony, which) (b)					
	ove rise to immediate DUE TO					
	ring couse lost. (c)					
0	PART II OTHER SIGNIFICANT CONDITIONS	1 . 1		TERMINAL DISEASE CO	NDITION GIVEN IN PA	RT 1(0) 19 WAS AUTOPSY PERFORMED?
S.	Ciscu	tial lighter	acre			YES NO X
CERTIFI OD OD OD OD	ACCIDENT WAS UNDERLYING 20b. DES CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter noture of inte	ery in Port I or Port II o	Firem 18.)	•
₹ 20c			ACE OF INJURY (Home		own)	(County) (State)
MEDI	Hour o.m. While of wor	(10) WILLIE	ctory, street, office bld	g., erc.)		
21	I certify that (I) (this hospital) attend	ded the deceased from	17746	1962 10 18	Feb 19	64- that (I) (we) last
1 1	w the deceased alive on 18 Fu	B -		325 M, from the		e date stated above.
22	o. SIGNATURE					
	1 hurston Han	4 see-	M.D. PHYS	MED ST DIRECTOR D	AFF HYS. [19 Fel 62
22	C. PHYSICIAN'S	,	22d. ADDRESS	00 1	. /	
	THURSTON MA	RRISO N		arre no	7 Ruse	
	R AL CREMATION, 236 DATE THEREOF MOVAL (Specify)	230 NAME OF CEMETERY	OR CREMATORY	23d LOCATION	(Gty, town, or county)	(State)
24 FU	ERAT DIRECTOR'S SIGNATURE	DRESS	250	REC'D BY REGISTRAR	25b. REGISTRAR'S S	
Ve	ale Line	Castes Ma	estand. DA	FER 21 '62	C' 41	J. Thoma



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 02384

	1, PLACE OF DEATH 0. COUNTY	2. USUAL RESIDENCE (Where deceased lived if institut an Residence before admiss on)
)	THI DOT MARYLAND	a STATE Md. 6 COUNTY TA/bot
	6 CITY OR TOWN (If outside corporate limits, write c. LINGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL and give negreti town) AIDORNE LITE	A CIAIDORNE
	d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e IS RESIDENCE ON A FARM?
	OK MISHIGHON	. YES NO X
	3 NAME OF First Middle	Last 4. DATE Month Day Year
1	(Type or print) (hARIES TV.	inkney DEATH Feb. 15, 1962
	5 SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTY 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Dave House Min
	MALL NEGLE WIDOWED DIVORCED	une 9 1902 Sg yo Months Doys Hours Min
	100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- dying most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign, country) 12 CITIZEN OF WHAT COUNTRY?
	LABORER WATERMAN	MAKYlAnd U.SA.
	13. FATHER'S NAME	14. MOTHER'S MA DEN NAME
	Thomas Pinkney	Anna Brooks
	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 IN	NFORMANT / Address
	110 - 20-04/499	Sphilea Minkney-
	18 CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:	Messer 1- 1- 1-1000
	531 DUE TO	
	Conditions if any, which) (b) Conditions if any, which)	4 clande 5 /2
	gave rise to immediate	7-52
	lying cause lost.	W 3 17
	PART II. OTHERS GNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT	NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	E Poralet Seit	PERFORMED? YES NO
	PART II. OTHER S GNIFICANT CONDITIONS GONTRIBLTING TO DEATH-BUT 200. ACCIDENT WAS UNDERLYING TO THE TOP TO TH	D (Epter nature of injury in Part 1 or Part It of item 1B)
	20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	20c TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur v.m. P. m 19 at work of work	ctary, street, affice bldg., etc.)
	21 I certify that (1) (this haspital) aftended the deceased from	1950 to 11/15 19 1/2 That (1) (we) last
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	death accurred at 12 M, from the causes and an the date stated abave
	220. SIGNATURE	22L DATE
	July m/2/02	M.D. PHYS SIGNED
	22c PHYS CIANS	C 22d ADDRESS / C L(M) A / A /
	(NAME (TYPE) CUYM KEESEK	SK TILOTITAN NA
	230 BURIA CREMAT ON , 234 DATE THEREOF 230 NAME OF CEMETERY O	R CREMATORY 23d LOCAT ON (City, town, or county) (State)
	RELOVA POPERTY Feb. 18, 1962 Claiborni	e Cem. Claiborne, Md.
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS .	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	James Brakiel - Easter.	Md. PATE 23'62 (Little 9 15.



al director, filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The aw requires that the death certificate be executed within 24 hours after death. Page 4 DEUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the fragge 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 show the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. haspital or attending physician. may be retained by TO FUNERAL DIRECT

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

02385

1. PLACE OF DEATH a. COUNTY Talbot	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Talbot			
b CITY OR TOWN (If autside carporate imits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)		
rural-Cordova	30 vrs.	X rural	-Cordova	
d. NAME OF HOSPITAL (If not in haspital, give street of		d. STREET ADDRESS	<u>-6014044</u>	e IS RESIDENCE
OR NSTITUTION Rt. # 50			50	ON A FARM? YES IX NO
		4		1
NAME OF DECEASED (Type or print) Tohn	Middle MARD Randolpl		4. DATE Month OF DEATH February 2	Day Year
U -2444 111111		B DATE OF BIRTH	9. AGE (In years IF JNDER	
Mole Thite	A Heren III Market		asi birihday) i Mansha	Days Hours Min
1 arm Albows				
10a USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	r foreign country) 12. CITI	ZEN OF WHAT COUNTRY?
Farming- Ret. A	griculture	Nebraska		USA
13. FATHER'S NAME	Q	14. MOTHER'S MAIDEN NA		
Tohn Honny Dlugge		Catheri	no Weyen	
John Henry Plugge			*	
15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no. or unknown) (If yes, give wor or dates of service) 21		FORMANT	Address	
no no none 21	.5 38 1320 11	rs. Elizabet	h G. Plugge, Co	rdova,RD,Md
18. CAUSE OF DEATH [Enter only one cause per lin	ne for (a), (b), and (c),)			INTERVAL BETWEEN
BART I DOATH WAS CAUSED BY		RDIAL INF	CARCTICAL	ONSET AND DEATH
IMMEDIATE CAUSE (a)	OFE MYOCA	RUIHL LIVE	- ALVIC LION	02 4 my 3
DUE TO A		. 11 -	716	1/4-
Canditions, if any, which) (b)	riosclerot	ic Heart	Disease	YRS.
gave rise la immediate DUETO				
cause (a), stating the under-				
, (6)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAI DISEASE CONDITION GIVEN IN PAP	LIGHT WAS AUTOPSY
DE CONTRACTOR CONTRACT	ON REDIVIO TO DEATE DO	TO REDATED TO THE PERSON	AL DISEASE CONDITION ON EAT HAVE ARE	PERFORMED?
				YES NO
PART II OTHER SIGNIFICANT CONDITIONS C 200 ACC DENT WAS UNDERLYING 20b DESC OR CONTRIBUTING CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I or Part II of item 18.)	
20c. TIME OF .N., URY Month, Day, Year 20d IN While p. m. 19 at warl		ACE OF INJURY (Hame, farm,	20f. (City or town) (C	(State)
Haur a m. While	Not will 6	stary, street, affice bldg., etc.)		
p. m. 19 at worl	k at work	1		
21 I certify that (I) (th's haspital) attend	led the deceased fram.	Jan. 20, 196	2, 10 Feb. 1, 196	27 hat (I) (we) last
saw the deceased afive an Eeb 1	1962 and that a	leath accurred of A.	M, fram the causes and an the	
22a SIGNATURE		Com oscorios di pace	THE COURT OF STATE OF	22b DATE
187,000		ATTENDING MEE	STAFF PHYS	Joh 2 MIGNED
22c. PHYSICIAN'S	1	M.D PHYS DIRE	ECTOR PHYS -	160,3,1462
NAME (Type)				7
Shepard Kred	h, Jr. M.D.	Easton	ı, Maryland	
23d BUR AL CREMATION 23b DATE THEREOF	23c NAME OF CEMETERY O	R CREMATORY :	23d LOCATION (City, tawn, ar county)	(State)
REMOVAL (Specify) Burail 2/1/62	Jood Lower			-
BUTALL DIRECTORS SIGNATURE	ADDRESS	ATTACA TO THE PARTY OF THE PARTY.	Easton, Paryla By REG STRAR 25b REGISTRAR'S SIG	
	Easton	*//8	_	SHALDKE
At Samples acoust	E 200 00 11	DATE SE	0 '62 (42	/ Janua
". Transcon darrell				



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution: Residence before edmission) a. COUNTY N COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If ou side corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (if not in ve street eddress) d. STREET ADDRESS completely papers. 3. NAME OF 4. DATE Month DECEASED OF DEATH (Type or prist carbon 9. AGE (In years I IF UNDER TYEAR) IF UNDER 24 HRS 17. MARRIED TO NEVER MARRIED and last birthday) Months WIDOWED | Ida. JSLAL OCCUPATION (Give kind of work 1DE KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 1 1% (Yes, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause PART I DEATH WAS CAUSED BY JMMEDIATE CAUSE (6) DUE TO Conditions, il eny, which geve rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of in ury in Part , or Part | of them 18.) OR CONTRIBUTING [] CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 2De, PLACE OF INJURY (Home, farm, 2Df. (City or town) Month, Day, Year factory, street, office bldg., etc.) _Not While While Hour a.m. at work at work (I) (this hesputal) attended the deceased from 19 C and that death occured at J. M. from the causes and on the date stated above. the deceased ATTENDING DIRECTOR PHYS. ath. Page 4 PHYS. 22d. ADDRESS PHYSICIAN'S CEMETERY OR CREMATORY 23a. BURJAL, CREMATION, 23b. DATE 0 5 8 256. REGISTRAR'S SIGNATURE VR A15 (4) Circling Y Frank

e. IS RESIDENCE ON A FARM? YES NO IL

19

PERFORMED? NO F

(State)

22b. DATE SIGNED

(County)

Hours



he funeral TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 mz 129 retained by the hospital or attending physician.

TO FUNERAL DI CLOR. After this certificate has been signed by the attending physician and completely filled in the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 d 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 12387 CERTIFICATE OF DEATH

١ŀ	1. PLACE OF DEATH		1 TIOTHE BESTREWAY AND AND	sed lived, if Institution, Residence before edmission)			
4	A. COUNTY		anstate o	b. COUNTY			
L	1 Al BCT	MARYLAND	MARCHEN	CACOLDNE			
	b. CITY OR TOWN (if outside corporate limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpora	te limits, write RURAL and give [nearest town]			
	write RURAL and give nearest town)	557117	Rugai	DENTON			
-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hosp		d. STREET ADDRESS	O. IS RESIDENCE			
	11 1 - 3 - 1 - 1	11 71		ON A FARM?			
	IVIEMORIAL F	to Spil Al		AE2 NO X			
	J. NAME OF First DECEASED	Middle	Last 4. DATE	Month Dey Yeer			
	(Type or print) MUDT	= HAR	IN SCN DEATH	2, 26 19 62			
i	5. SEX 16. COLOR OR KACELT MARRIES	D NEVER MARRIED 8		GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.			
)	E II	7 - 1		set birthday) Months Days Hours Min			
WIDOWED DIVORCED Tal, S, 10 6 Yrs.							
	ton. USUAL OCCUPATION (Give kind of work done during most of working life, feven if refired)	NO OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stele, or for	e gn country) 12, CITIZEN OF WHAT COUNTRY?			
housewife home MARYLAND NA							
13. FATHER'S NAME							
1	NAC FOUR HOLD	CAMBU					
H	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 1.17. T	NFORMANT.	Address			
	(Yes, nh, or unkown) [Ifyesgivewerordatesofservice)	IA/	- C C O	Do las			
	No I	1,0	he yound look	main jewen,			
1	18. CAUSE OF DEATH Enter only one cause per I'	ne for (e), (b), end (c)]		ONSET AND DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	cente pulle	undary column	2 Ku.			
	LL-70 DUE TO	7					
	GLV 31	Commence als	unclinatic hear	tile can 11 me			
	Conditions if eny, which (b)	Carry reg res	CAT COCCO // POCA	7,700,000			
	(e), stating the underlying DUE TO	/					
	cause last. (c)						
	PART II OTHER S GN FICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CO	NDIT ON GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
	PART II OTHER'S GN FICANT CONDITIONS CON OF CONTRIBUTING CAUSE OF DEATH Off CONTRIBUTING CAUSE OF DEATH Off FITHER, NOTIFY MEDICAL EXAMINER			YES NO DE			
	200 ACCIDENT WAS UNDERLYING 1 206, DES	CRIBE HOW INJURY OCCURED	. (Enter neture of injury in Pert I or Pert II of	item 18.)			
1	OR CONTRIBUTING CAUSE OF DEATH						
- 1		NAME OF TRANSPORT OF THE PARTY	CE OF BURBAN DA 1 20/ ICIn	lown) (County) (State)			
	20c. TIME OF INJURY Month, Day, Yeer 20d. I Hour e.m. While		CE OF INJURY (Home, form, 20f. (City or ory, street, office bldg., etc.)	IOMU) (Control) (Stell)			
	21. I certify that (I) (this hospital) attended	ded the deceased from.	26 tel 1962, 10	26 728 , 1941, that (1) (we) last			
			ALI	he causes and on the date stated above,			
- [22e. SIGNATURE	, 6114 11161	don't becar or argument from t	27b. DATE			
П	Much St.		ATTENDING MED.	STAFF PHYS. 7 24 Tell 2. S.GNED			
	22c. PHYSICIAN'S	M	D. PHYS. DIRECTOR L	mis. 2.47.002			
1	NAME (Type)	4 ADDIE W	16. 1. 1/2				
	1 1701(310N 1	MICK 13 ON	Can Ra Nes	y land			
7	234 BURIAL, CREMATION, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 234. LOCATI	ON (City, lown or county) (State)			
	(Feb. 28.1962	CHESTER	FIELD Cent	ravalle, Mi),			
	24 FUNDRAL PRECEDE'S SIGNATURE	25a. REC'D BY REGISTRA	R 256, REGISTRAR'S SIGNATURE				
	H. Vant lung	1/0 500	(PATE FEB 2 8 '62	the and S. Maria			
-	#		C DAIL TA-	2. / / / /			
	_						



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 02375 CERTIFICATE OF DEATH USILAL RESIDENCE (Where deceased hved, if Institution Mesidence before Idmission) L PLACE OF DEATH a. COUNTY ___ b. COUNTY 4 Z P MARYLAND C DE OR TOWN (It outside corporate | m ts, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, and give nearest fown) . IS RESIDENCE d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give ON A FARM? YES NO ASTOR NAME OF 4. DATE Month OF DECEASED (Type or print) DEATH AGE (In years LIF UNDER 1 YEAR |/ IF UNDER 24 HRS. 6. COLOR MARRIED IN NEVER MARRIED and last birthday) Months Days WIDOWED DIVORCED. physician 12. CITIZEN OF WHAT COUNTRY? 10a USUAL OCCUPATION (Give kind of work 106 KIND OF BUSINESS OR INDUSTRY ACE (County & State) or foreign country dane daring most of working life, even if retired) Mes please s attending ; Then please = Addrass 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. (Yes, no or unkown) (Hyesq yawarardatesofservice) INTERVAL BETWEEN 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH I. DEATH WAS CAUSED BY 1120 IMMEDIATE CAUSE (+) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying PART IL OTHER S, CHIFTICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19. WAS AUTOPSY PERFORMEDO 20b, DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Part II of Iam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [CAUSE OF DEATH LE ELTHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Dev. Year factory, straet, office bldg , etc) While Not While at work at work p,m, - 2 19.5 Thet (I) (we) lest 21. I certify that (I) (this hospital) attended the deceased from... 7 : to and that deeth occured at ... M, from the causes and on the date stated above. saw the deceased/alive on ATTENDING DATE 220. SIGNATURE SIGNED DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S 23c, NAME OF CEMETERY OR CREMATORY 0 5 8 VR A15 (41) has him Cartement S. Minus

ND STATE DEPARTMENT OF HEALTH

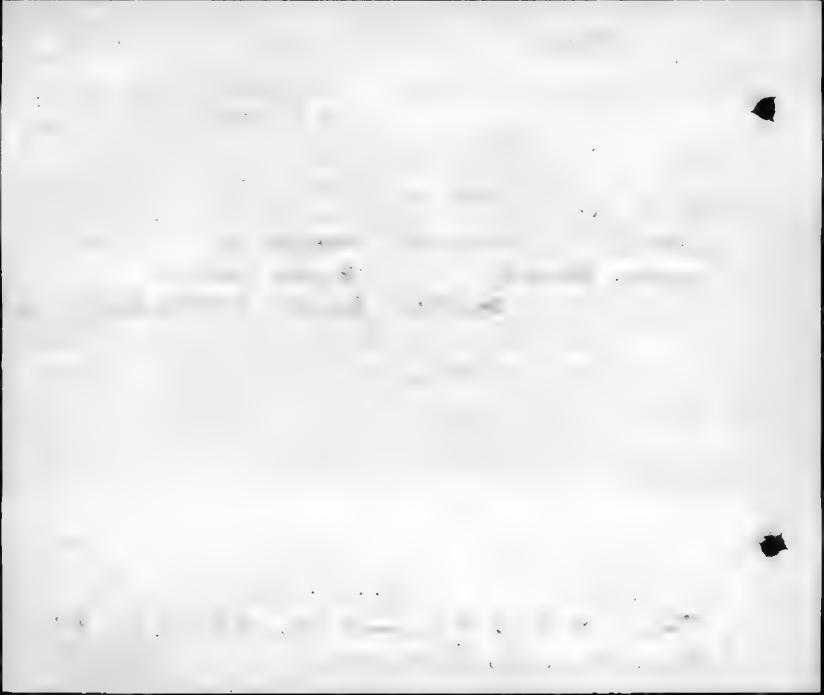


TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b≡ executed within ■4 h≡urs after death. Page 4 r. Se retained by the hospital or attending physician.

TO FUNERAL I CLOR: After this certificate has been signed by the attending physician and completely filled the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after depth. VR A1S (4) 15M 7'61

	DIVISION OF STATISTICA	L RESEARCH AND RECO	RDS, 301 W. PRESTO	N STREET, BALTIMO	RE 1, MARYLAND
	92389	CERTIFIC	ATE OF DEATI	5/62 1wk	02376
1.	1. PLACE OF DEATH		2. USUAL RESIDENC		Hitution: Residence before edmission)
1-	b. City OR TOWN (i) outs de corporate limit	MARYLAN	1111711	Ahd outside corporate limits, write R	TAL bot
	write RURAL end give neerest town)	5 Jul 25 h	· × c+ m	Land a	CORNE and Bise nearest (Own)
	d. NAME OF HOSPITAL OR INSTITUTION (not in hospitel, give street eddress;	d. STREET ADDRESS	20 36/3	o. IS RESIDENCE ON A FARM?
3.	MEMURIAL 1 3. NAME OF FIRST	405 PITAL Middle	La st	4. DATE Month	YES NO X
	(Type or print) HESTER	MARIE	TURNER	DEATH FEB.	7 1962
5	S. SEX & COLOR OR RACE:	7. MARRIED AND MARRIED	8. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.
10	10e. JSUAL OCCUPATION (G ve kind of work doge during most of working life, even if refire	106. KIND OF BUSINESS OR IND	Feb. 21, 190 USTRY 11, BRTHPLACE Count	y & Stele, or formign country)	12. CITIZEN OF WHAT COUNTRY
	13. FATHER'S NAME	Domestic	MATYLA	and	U.S.A.
13	hadren RAR ha	44	14. MOTHER'S MAIDEN N	Johnson	
75	75. WAS DECEASED EVER IN J.S. ARMED FOR		7. INFORMANT	Address	4 1 1 2
-	18. CRUSE OF DEATH [Enter only one	218-09-7786	hermit	Just net	Stmichaels, me
	PART I. DEATH WAS CAUSED BY:	Cercural	Hemore	Lase	ONSES AND SEATH
	JZ 1 X DUE TO	Machenter	120 90	10 to interest	SUMMA
	Conditions, if eny, which gove rise to immediate cause (e), stating the underlying DUE TO	Mynnex	year, ar	inuly	- general
	couse last, (c)				
ATION	PART II. OTHER S GNIFICANT CONDIT	IONS CONTRIBUTING TO DEATH 80	I NOT RELATED TO THE TERM N	AL DISEASE CONDITION GIVEN	PERFORMED!
CERTIFICATION	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCC	URED. (Enter neture of injury in P	ert , or Pert II of Item 18.)	,
MEDICAL	20c. TIME OF INJURY Month. Dey, Yee Hour e.m. p.m. 19	While Not While at work et work	. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town)	(County) (Stete)
	21. I certify that (I) (this hospit	and the second second		1962 102 - 7	, 196.Z, that (I) (***) last
	saw the deceared alive on				nd on the date stated above
	Residens State UK	all		RECTOR PHYS.	-/ ·/ SIGNED
	R. Lane Wroth		M. D. St. Mich	naels, Maryland	1/7/62
23	230 BURIAL, CREMATION 236. DATE THER	EOF 23c NAME OF CEMET	1 . C	23d, LOCATION (City, fown	or county) (Stete)
24	24 JUNERAL DIRECTOR PSTONATURE	ADDRESS	250. REC	D BY REGISTRAR 25b. REGIS	STRAR'S SIGNATURE
1	Jomes Blash	Il, Easton,	mai DATE SE	1 3 '62 6'	I'more ? thrown
1/	/				

MARYLAND STATE DEPARTMENT OF HEALTH



STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH hours after 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution, Residence before edm asion) a. COUNTY .-**6. COUNTY** Marvland Kent /DOI 일이 MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give nearest town! Still Pond 570 executed within d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address d. STREET ADDRESS IS RESIDENCE L7 ON A FARM? YES NO X 3. NAME OF 4. DATE Year Month Day DECEASED OF (Type or print) DEATH 2/ 1962 00 TRORMARY within carbon AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH RACE 7. MARRIED NEVER MARRIED and last birthday) WIDOWED [DIVORCED [physician remove 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or fore an country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Housewife USA Caroline Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please Ξ affending Satterfield Wm. not known BIRC Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no or unkown) (Ifyes give wer or deles of service) Rev. R.T. Wallace Still Pond, Md. signed by the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO velocelen heart discare Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying PART IL OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILO. 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO A 20st. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 2Dd. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, : 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work al work CTOR: p.m. 1962-10 1944 that (I) (we) last saw the deceased alive on..... ATTENDING 22b. DATE 22a SIGNATUR /SIGNED MED. death. Page 4 In Page 4 In PuneRAL 1 director, page 3 be filed with the DIRECTOR PHYS. MD. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Specify) Pond, Md. Pond Cem. Still 27/62 Buria 25a, REC'D BY REGISTRAR 25b. - REGISTRAR S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 7/61



CERTIFICATE OF DEATH funeral should 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before edmission) a. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 write RURAL and give nearest town) executed within 24 1= A5 e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO DE NAME OF 4. DATE Month Dev Year DECEASED OF (Type or print) DEATH 19 62 carbon 6. COLOR OR RACE AGE Un yours HE UNDER 1 YEAR IF UNDER 24 HRS. pue rihday) WIDOWED [7] DIVORCED physician JSUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) done during most of working life, even if rettred) ouse wite FATHER'S NAME 温度 050 Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH | Enter only one cause per line for (a), (b), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. PERFORMED? NO F 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of tem 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, ! 20f. (City or town) 20d. INJURY OCCURRED | (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., etc.) While Not While Hour a.m. at work et work p.m. 62 and that death occured at 3.4M, from the causes and on the date stated above saw the deceased alive on. 22b. DATE 22s. SIGNATURE PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 director, page be filed with the 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) L. J EAST ON. 23e. BURIAL, CREMATION, 1 23b. OR CREMATORY VR A15 (4)



BALTIMORE 1. MARYLA Division of STATISTICAL RESEAR MEDICAL EXAMINER'S CERTIFICATE 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY ... MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 CITY OR TOWN (If outside corporete simils, write RURAL and give nearest town) write RURAL and give neerest town) EAS TO N. J. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g ve street eddress) d. STREET ADDRESS Boar IS RESIDENCE ON A FARM 3. NAME OF DECEASED (Type or print) DEATH 1967 8. DATE OF BIRTH 5. SEX AGE (In years , IF LNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lest birthdey) Mala WIDOWED 10a USUA, OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) File pages 1 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknwn) | (Ifyesgive weror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c), (INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: entusiony baceration IMMEDIATE CAUSE (0) (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1. PERFORMED? NO plnods 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of tem 18.) PRIMARY OF CONTRIBUTING [] 20s. PLACE OF INJURY (Home, ferm, 20f. (City or town) 1 20d. INJURY OCCURRED 20c. TIME OF INJURY (County) (State) Not While 196 2 et work et work Best Jes. 2422.76 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion Accident . Suicide Undetermined manner death resulted from: Natural causes Homicide should be forwards.
FUNERAL DIRECT CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE NAME (Type) Address (Street, city, town, or county) MAME OF CEMETERY OR CREMATORY BUMAL, CREMATION, 22b DATE THEREOF 0 40 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 Citture & House

LAND STATE DEPARTMENT OF HEALTH



TO completely and physician aftending ā signed by certificate ha Ö TOR: Jeath. Page 4 Jirector, page 3 Se filed with the ÷ 8 O ŏ VR A15 (4) 15M 9/60

TON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. P. CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution Region PLACE OF DEATH ce betere edmission a. COUNTY b. COUNTY MERVIAND c. LENGTH OF STAY IN 16 OR TOWN (If outside corporate limits, write RJRAL and give neerest town) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO DECEASED DEATH (Type or print) lest birthday) , Months ' Days 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one cause per line for PART I. DEATH WAS CAUSED BY che IMMEDIATE CAUSE (a DUE TO Conditions, if any, which gave rise to immediate cause blitte (a), stelling the underlying PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED CONDITION GIVEN IN PART 1(e, 19. WAS AUTOPSY PERFORMED NO /rive 706. DESCR.BE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18 20a. ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | 20d. INJRY OCCURRED , 20e, PLACE OF INJJRY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stete) fectory, street, office bldg., etc.] While Not While Hour a.m. et work at work 19(2) that (1) (we) last to saw the deceased alive on..... 22b. DATE 220. SIGNATURE SIGNED ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSIC AN'S REC'D BY REGISTRAR



the funeral and 2 should death. Page 4 mc. be retained by the hospital or attending physician.

IO FUNERAL W. CTOR: After this certificate has been signed by the attending physician and completely filled director, page 3 moderated by the burial-transit permit. Then please remove carbon pagers. Pages and 2 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

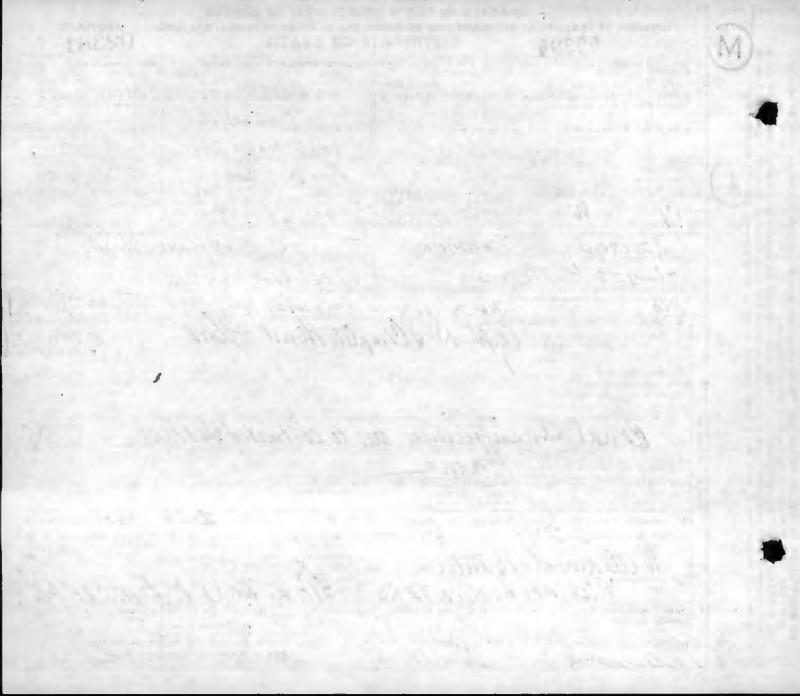
TO ROBITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12394 CERTIFICATE OF DEATH
02381

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)				
Talbot MARYLAND	a. STATE WAS A COUNTY				
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest					
write RURAL and give nearest town)	A Co				
Easten Stays	29 FASTON				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?				
Memorial Hospital	121 S. HARRISON YES NO DE				
3. NAME OF First Middle	Last 4. DATE Month Day Year				
(Type or print)	Willis So DEATH February 12 19 62				
o henny	B. DATE OF BIRTH 19. AGE (In years) IF UNDER 1 YEAR OF UNDER 24 HRS.				
S. SEX O. COLOR OR RACE 7. MARRIED NEVER MARRIED	last birthday) Months Days Hours Min.				
WIDOWED DIVORCED	1/AV 21 1868 93 m.				
10s. USBAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS	STRY 11/ BIRTH LACE (County & Stella, or foreign country) 12. CITIZEN OF WHAT COUNTRY				
done during host of working life, even if refired)	TAIR TO NAPY SUD WOO				
13. FATHER'S NAME	1 14 MOSHER'S MAIDEN NAME				
alana HIN	1/				
TAMES (J. VILLIS	VIRGINIA MARRIS				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yas, no. of unknown) (If yes give were ordates of service)	. INFORMANT Address				
No 25-38-1063	Y MCKENNEY WILLISMA. EASTON //				
18. CAUSE OF DEATH Knier only one cause per line for (a), (b) and (c).	1/2 × O/A / INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY,	White to least Day - ONSE AND DEATH				
IMMEDIATE CAUSE (a) CACATO	infille the soul south				
DUE TO	1 X mce				
Conditions, if any, which (b)					
gava risa to immediate causa					
(a), staling the underlying DUETO					
10	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	PERFORMED!				
3 Rende Ansuffilled a	and to obstructed durante YES I NOW				
20%. ACCIDENT WAS UNDERLYING 20%. DESCRIBE HOW INJURY OCCUPY OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING AUSE OF DEATH OF CONTRIBUTING AUSE OF DEATH OF CONTRIBUTING AUSE OF DEATH OF CONTRIBUTION AUSE OF CONTRIBUTION AUSE OF DEATH OF CONT	RED, (Enter nature of injury in Part I or Part II of item 18.)				
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. 1	PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (Stata)				
Hour a.m. While Not While	factory, street, office bldg., atc.)				
p.m. 19 at work at work					
21. I certify that (I) (this hospital) attended the deceased from					
saw the deceased alive on 1-12 19.6. and that death occurred at 1					
228. SIGNATURE . P.	22b. DATE				
All Illiam of Alitter	ATTENDING MED. STAFF				
In cucum of vancers	M.D. PHYS. DIRECTOR PHYS.				
PAME (TYPO) WILLIAM L. KINTER.	S 210 K DOVER EASTENNO				
BURIAL CREMATION, 235 DATE THEREOF , 23c. NAME OF CEMETER	RY OR CREMATORY 23d. LOGATION (City, fown or county) (State)				
REMOVAL (Specify) THE 14 62	Con Coston Md				
My 1 1 1 mg 1	Leading to the second of the s				
24 FUSTERAL DIRECTOR'S SIGNATULE	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				
/ Vake Sach	DATE FEB 1 9 62 Cirlling S. France				



y the funeral and 2 should TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 14 hours after death. Page 4 page 4 page be retained by the hospital or attending physician.

TO FUNERAL ECTOR: After this certificate has been signed by the attending physician and completely filled by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death

VR A1S (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 02395 CERTIFICATE OF DEATH

	COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Ra	sidence before edmission)				
1	TAL-BOT MARYLAND	" MEDRY LAND " COUNTY DA	ROLDNIB				
1	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside comparate limits, write RURAL and	giva nearast lown)				
	EASTON 65 days	1 DEALTON	15 V. J				
1	NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street addres)	d. STREET ADDRESS	. IS RESIDENCE				
	Easter Memorial Hospital		YES NO N				
	NAME OP First Middle	Last 4. DATE Month	Day Year				
	Type or print) Wilmer Edgar	Willis DEATH Feb	13 1962				
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 8	DATE OF BIRTH 9. AGE (In yeers IF UNDER I)					
	MIDOWED DIVORCED	100 V 5, 1955 1 6 m.	ays Hours Min.				
dor	USUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	11 11 21 11	EN OF WHAT COUNTRY?				
	MACGLANI) (1810						
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	15-14				
100	WILLDAM WILLES	MOKHY LEE LA	71010				
	WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. J., no, or unkown) (Ifyasgivewarordatasofservice)	INFORMANT					
-		yra, Com, Willia, Jon	low led ,				
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:		ONSET AND DEATH				
	IMMEDIATE CAUSE (a) In anition		2 mo.				
	353.3 DUE TO PL Q .	5 0 - M + A +	A . A A.				
	conditions, if any, which by Chronic Bracin Syndrome; Neutel retarbitions sind but gave rise to immediate cause						
	(e), stating the underlying DUE TO	V	2				
	couse last. (c) Effectsory		agr -				
1 N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OF RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?				
NA NA			YES NO				
E	206. ACCIDENT WAS UNDERLYING DORCONTRIBE HOW INJURY OCCURED OR CONTRIBUTING DOLCAUS OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)), (Enter natura of injury in Part I or Part II of Itam 18,)					
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Coun	y) (State)				
A N	Hour a.m. While Not While fact	ory, street, office bldg., etc.)					
	21. I certify that (I) (this hospital) attended the deceased from	17-10-61, 19, 10 2-13, 196	2 that (I) (we) last				
	saw the deceased alive on 2-13 19.62 and that						
	220, SIGNATURE	ATTENDING MED. STAFF	22b. DATE				
		.D. PHYS. DIRECTOR PHYS.	2-15-62				
	22c. PHYSICIAN'S NAME (Type) Tohan E. Donald M. D.	22d. ADDRESS	•				
	John E. Bayoutt, M. D.	Zufun Ma					
	SURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d OCATION (City, town or county)	(Steta)				
Sural Tet. 1,1164) entow pentow; and							
124	22 TONESAL DIRECTOR'S SIGNATURE ADDRESS ADDRES						
1	hade lined Los Mines	DATE					

